

**BACKGROUND CHECK AUTHORIZATION**

(Must be completed in order to be considered for appointment)

Name \_\_\_\_\_ County \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, EXCLUDING traffic violations?  
Circle One: YES NO If yes, please explain all conviction details and dates.

\_\_\_\_\_

I give my permission to the City County Council/City of Indianapolis to conduct a background investigation, which will include the release of criminal records, as part of the processing of this application for appointment/reappointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**FOR INTERNAL USE ONLY**

Identity Verification: YES NO Initials \_\_\_\_\_ Date \_\_\_\_\_

Criminal History Check: YES NO Initials \_\_\_\_\_ Date \_\_\_\_\_